

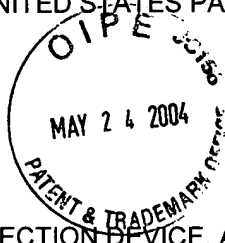
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shogo KAKIUCHI, et al.

Serial No: 10/089,598

Filed: July 1, 2002

For: TRANSFER DEVICE, INSPECTION DEVICE, AND
ALIGNINGLY FEEDING DEVICE

Art Unit: 3651

Examiner: Crawford, G.O.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 18, 2004

Date of Deposit

Diane Zynn

Name

Diane Zynn 05/18/04
Signature Date

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ An Information Disclosure Statement and one reference are enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	38	-	40 **	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	9	-	4 ***	5	LG=\$86 SM=\$42	\$86	\$ 430
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
Independent Claims: 6, 7, 16, 20, 35, 39, 40, 44, 45					TOTAL		\$ 430

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of **\$430** for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the fee of **\$ 0** for the ___ month extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: *Barry M. Shuman*
Barry M. Shuman

Registration No. 50,220

Date: May 18, 2004

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